



(If NO, then please provide income verification from one of the following Government sources:

- SS/SSI Benefits                      AFDC/ADC from Department of Human Services                      VA Benefits
- Workmen's Compensation                      Proof of Child Support                      Unemployment Benefits                      Other

I am considered low-income by federal guidelines                      Yes                      No

**D. Disability Status**

Are you registered with the Office of Disability?                      Yes                      No

Do you plan to register with the Office of Disability Services?                      Yes                      No

**E. Have you previously earned a Bachelor's Degree?**                      Yes                      No

Have you ever attended college?                      Yes                      No

If yes, where and when?                      (From)                      (To)  
(MM/CCYY)                      (MM/CCYY)

**F. Do you plan to earn a Bachelor's Degree from APSU?**                      Yes                      No

Have you applied for financial aid?                      Yes                      No

Have you been offered financial aid?                      Yes                      No

**Please attach a copy of your financial aid award history. TRiO Student Support Services is required to verify through Student Financial Aid Office (SFAO) the amount of financial aid needed, the amount of financial aid offered, the amount of unmet need, the amount of grant aid offered, and the reason full financial aid not awarded.**

**CERTIFICATION STATEMENT**

I certify that all information on this application, including supporting financial and family documentation, is true and correct to the best of my knowledge. I give permission to release my grades, financial aid/tax information, and SSN to TRiO SSS. In addition, I give permission to release my name and/or picture to provide recognition in newsletters, web pages and/or other publications. By signing this application, I understand that this will be an active contract, as long as I meet the requirements for the program. An email will be sent with the covered contract of what services are expected from both parties.

I understand that the above information will be used for statistical purposes in the Annual Performance Report required by the U.S. Department of Education.

Student Signature

(MM-DD-CCYY)  
Date

(MM-DD-CCYY)

Date Accepted/Date of Contract

Signature of Director

## Financial Aid Consent

I give permission to TRiO Student Support Services of Austin Peay State University to work with the Student Financial Aid Office of Austin Peay State University to secure the necessary data, if needed, to complete my TRiO Student Support Services application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please **initial** which form of income verification you would like to provide to complete the TRiO Student Support Services application.

Tax Statement

Financial Aid